Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>2-6-2010</u>	Address:	326 Pennsylvania
Case #:	<u>24F31168</u>		Plymouth, Indiana
County:	<u>Marshall</u>		46563
Type of La	aboratory Seizure (check one)	Seizure Location (check all that annly)
☐ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	Hotel/Motel Open – No Structure Other:
Check all the Lithium Red Photo Flamma Water R Anhydroch Corrosiv Corrosiv	nd: Location (bedroom, kitchen, open lat apply) /Ammonia Reaction(s): osphorous/Iodine Reaction(s): ble Solvents: Kitchen eactive Metal (Lithium): ous Ammonia: cloric Acid Gas Generator(s): re Acid: Kitchen re Base: Kitchen eem and location):		
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agence		Retail/Men Other: encies that serve the loc	Pseudoephedrine Tracking Log chant Tip — cation:
Fire Department: <u>Plymouth City</u> Health Department: <u>Marshall Health</u> Child Protection Service:		Fax: <u>574-93</u> ; Fax: <u>(574) 9</u> Fax:	
mvesugaung	officer: TRP Dan Tschida- ISP is to be faxed to the Fire Department, Hea	Phone <u>1-219-696-624</u>	2

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

listed within 24 hours of scene processing.